

Access to Local Public Hospitals

Policy Number 1.252

Policy Function Continuum of Care

Issue Date 15 January 2018

Summary This policy provides guidelines for utilising Local Health District (LHD) hospital emergency, inpatient and outpatient services

Responsible Officer Executive Director Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.252 (Dec 2013; Aug 2010)
Policy 1.330 (March 2010)

Change Summary

- Changes to JJNSW centres and processes
- Updated hyperlinks and documents
- Urgent and non-urgent transfers separated
- Updated telephone numbers and position titles
- Change the name of the policy to better reflect the purpose of the policy i.e. Access to local public hospitals and to avoid confusion with Public Health Units

TRIM Reference POLJH/1252

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

Justice Health and Forensic Mental Health Network (JH&FMHN) is responsible for providing and co-ordinating a wide range of health services to people involved with the NSW Criminal Justice System. Outpatient services for adult males and females are facilitated by the Integrated Care Service (ICS) Medical Appointments Unit (MAU), based at Long Bay Correctional Complex (see JH&FMHN policy [1.264 Medical Appointments \(External & Internal\) - Referrals, Bookings and Cancellations](#)). Adolescent patients access services via the Local Health District (LHD) as arranged by the respective health centre staff.

Patients requiring emergency admission are sent out to the closest local hospital.

Male patients requiring non-emergency services are predominantly booked into the Prince of Wales Hospital (POWH) for scheduled appointments.

Female patients are generally booked into Westmead or Nepean Hospitals for scheduled appointments.

This policy directs JH&FMHN staff in the management of patient transfers to public hospitals for emergency, specialist appointments and treatment. This is an agreed procedure between JH&FMHN, LHDs, Corrective Services NSW (CSNSW), the private operators, and Juvenile Justice NSW (JJNSW).

This policy does not include arrangements with regard to the Forensic Hospital.

2. Policy Content

2.1 Mandatory Requirements

In accordance with the NSW Ministry of Health (Ministry) Policy Directive [PD2017_018 Health Services Act 1997 - Scale of Fees for Hospital and Other Health Services](#), all adults in CSNSW centres including adolescents in Juvenile Justice centres are entitled to inpatient and non-inpatient services in the New South Wales public hospital system. Patients are not charged and the referring public hospital is responsible for meeting any costs involved. Staff should refer to JH&FMHN policy [1.253 Access to Private Health Services](#) in relation to the use of private facilities and services.

2.2 Implementation - Roles & Responsibilities

All clinical staff must abide by the procedures set out in this policy.

3. Procedure Content

3.1 Hospital Transfers

3.1.1 Urgent Emergency Hospital Transfer

Emergency presentations requiring hospital admission are facilitated by the individual health centre / Long Bay Hospital and sent to the closest Emergency Department. Documentation of the assessment and management of a patient's emergency presentation occurs on the JUS060.009 *Emergency Response Form*. One copy is sent with the patient to hospital, one copy is sent to the Nursing Unit Manager (NUM) for review and the original is placed in the patient's health record.

The decision to transfer a patient to hospital in an emergency must be made by:

- The nurse on site; or
- A medical officer; or
- The custodial officer, when the nurse is not available on site in consultation with the After Hours Nurse Manager (AHNM).

The inability to contact a medical officer must not delay transfer to hospital.

3.1.2 Non-Urgent Hospital Transfer

Determination of the need for non-urgent transfer to hospital must be based on a thorough clinical assessment. The clinical assessment must include a comprehensive history and physical examination, including basic observations. Complete the "Clinical Summary Transfer to external Hospital form on JHeHS.

The nurse must contact:

- A medical officer on site if available; or
- The Remote Medical After Hours Service (ROAMS) on 13000 ROAMS (24 Hours a day); or
- The Clinical Director Primary Care (CDPC) / Nurse Manager Adolescent Health (NMAH) if ROAMS is not contactable.
 - The NMAH can be contacted on (02) 9700 2166 or 0412 971 562.
 - The CDPC contact details are available during office hours from Primary Care Administration on (02) 9700 2224 or after hours via the AHNM 13000 ROAMS.
- For Oral Health Emergencies - in business hours please contact the Operations Manager Primary Care-Services and Programs on (02) 9700 2253 or 0437 407 455 who will locate the Clinical Director Oral Health for advice if required.
 - For after-hours oral health emergencies, the ROAMs GP should be contacted.

The inability to contact a medical officer must not delay transfer to hospital if their condition deteriorates.

3.1.3 Documentation and Notification

For urgent emergency hospital transfers, the responding nurse must complete JUS060.009 *Emergency Response Form*. One copy must be sent with the patient to hospital, one copy placed in the patient's health record and a copy given to the NUM for review.

The AHNM must be informed of the patient's transfer / admission by phoning 13000 76267, at any time of day / night and a [JUS050.115 Daily Update – Patient in Hospital](#) must be faxed to the AHNM/NMAH. This will ensure that the relevant senior managers within JH&FMHN are also informed. This information must be documented in the patient's health record.

If a patient is admitted to a public hospital it is the responsibility of the referring centre's NUM or delegate to contact the hospital ward on a daily basis to enquire as to the patient's condition. If a patient is transferred from a rural hospital to a Metropolitan hospital, Long Bay Hospital Medical Subacute Unit (MSU) will take over. This information must be documented on the [JUS050.115 Daily Update – Patient in Hospital](#) and faxed to the AHNM.

Shift by shift updates to the AHNM must occur for those patients admitted to Intensive Care Unit, High Dependency Unit or Coronary Care Unit via the [JUS050.115 Daily Update – Patient in Hospital](#).

To facilitate the transfer and assist CSNSW/JJNSW with arranging appropriate and timely transport, the following forms are to be completed and provided to:

[JUS200.085](#) *Request for Unplanned Transfer for Healthcare*

[CNS514](#) *Information for Hospital Staff: Healthcare for People in Custody*

JUS200.060 *Adolescent Health Attendance at External Appointments (JJNSW)*

CSNSW / JJNSW / the private operators recognise that where JH&FMHN staff recommends emergency transfer to the hospital, it is their responsibility to ensure that this occurs. JH&FMHN staff must note that CSNSW / the private operators' policies require that a valid movement order be raised before a patient can be transferred to hospital. JH&FMHN staff must liaise with the Manager of Security (MOS) or delegate to ensure that this occurs within a timeframe appropriate to the patient's clinical need.

Where a JH&FMHN staff member experiences difficulties in transferring a patient, he/she must contact the NUM or Nurse Manager during business hours and AHNM 13000 76267 outside business hours, immediately.

3.2 Public Hospital Non-inpatient Services

For any adult outpatient appointment a referral must be made on Patient Administration System (PAS) and a signed copy of the referral must be sent to the Integrated Care Service & Medical Appointments Unit (ICS MAU) who will arrange the appointment as per JH&FMHN policy [1.264](#) *Medical Appointments (External & Internal) - Referrals, Bookings and Cancellations*.

The local health centre will arrange appointments for adolescent patients and create a referral on PAS.

Routinely, outpatient or specialist services occur at POWH and LHDs should not be used, apart from diagnostic / medical imaging and / or emergency department services. The NUM of each health centre is responsible for establishing appropriate referral relationships with each relevant LHD or local health service provider. Patients must be referred on PAS and referral forms generated for local services.

3.2.1 Triaging and Referring of Patients

Adult patients must be triaged by the referring doctor to determine a clinical priority category, which will then be triaged by the specialist team in POWH. If the referring doctor has clinical concerns about an appointment date that has been provided by POWH they should contact the specialist team directly. ICS MAU is not responsible for negotiating with a specialist team to change appointment dates because of clinical urgency. The medical officer making the referral to a specialist must:

- Decide the urgency of the referral;
- Ascertain the expected waiting time for the appointment type that is required. Expected waiting times are available by contacting the ICS MAU; and
- Consider the patient's earliest possible release date as this may be a factor in determining whether the patient may be released before the appointment could be attended.

If the patient does not require an urgent appointment and the waiting time exceeds the expected time in custody, it is the responsibility of the NUM and local general practitioner / medical officer to ensure that adequate discharge planning has occurred, that the patient has been referred for an appointment in the community, and the patient has been provided with the details of the appointment prior to their release.

All patients that are waiting for a specialist appointment must be monitored by health centre staff to ensure that there is no change in the 'urgency rating' for the appointment. It is the responsibility of the NUM or delegate to ensure that the monitoring of these patients and the appointment status on PAS occurs. Any changes in the patient's health status must be discussed with the local GP or ROAMS GP so that a review of the patient's position on the waiting list can be undertaken and where necessary adjusted.

Patients awaiting elective procedures will be prioritised by the relevant hospital on their clinical need as in the general community. Once the ICS MAU is informed by the relevant hospital of the prospective date of the surgery, ICS MAU will inform the health centre / inpatient facility staff where the patient is currently held. Although patients may be informed of the expected waiting times, for security reasons patients must not to be informed of the date for surgery.

If a patient who is on a waiting list for a procedure is due for release prior to their procedure date, they should be given the option of remaining on the waiting list. In this instance the patient is informed of the date of surgery and advised of the need to contact the relevant hospital once released to confirm if they wish to remain on the waiting list and to inform the hospital of change of address details. Patients also have the option of seeking further treatment via their own GP on release.

For adolescent patients, the NUM and / or GP will manage outpatient referrals.

3.2.2 Transport to Sydney from Rural Correctional / Juvenile Justice Centres

When patients are being transported from rural centres to Sydney for an appointment, the dispatching health centre must ensure that the patient has been assessed as fit for the length of travel and if necessary arrange with CSNSW / JJNSW / the private operators for the travel to be broken down into manageable lengths. To arrange for special transport complete JUS200.035 *Medical Certificate Consideration For Special Transport Form*.

Adolescent patients are rarely transferred to Sydney from rural JJNSW Centres for medical appointments. If transport is necessary, the health centre must contact the NMAH during business hours or the AHNM outside business hours. The NUM or delegate will liaise with the JJNSW Transport Unit and formulate an appropriate transportation method. The JUS200.060 *Adolescent Health Attendance at External Appointments* must be used so that appropriate transport and escort can be arranged. The *Health Problem Notification and Escort Form* (HPNEF) is used to provide advice and recommendations regarding a young person's clinical status to JJNSW when special transport and / or recommendations for specific management during transfer is required.

It is important that health staff consider any concerns adult patients may have about transfer that may result in the patient refusing to travel and / or attend the appointment. To avoid unnecessary late cancellations of appointments, health centre staff must discuss with the patient the procedures involved in attending an appointment and complete the pre-appointment appointment checklist one week before the appointment. In particular, it is important that patients understand they will be required to transfer from their Correctional Centre of classification to Long Bay Correctional Complex and may have to remain for a number of weeks while waiting for the appointment before transferring back. Refer to JH&FMHN policy [1.264 Medical Appointments \(External & Internal\) - Referrals, Bookings and Cancellations](#).

3.3 Public Hospital Inpatient Services

JH&FMHN medical staff do not routinely refer patients for inpatient services, surgery or procedures. JH&FMHN patients access these services either as an emergency transfer to a local hospital where the

treating team will make the decision to admit or through a specialist consultation in the outpatient setting who also make the decision to admit.

The ICS MAU will be notified if a patient is to be admitted as an inpatient after an outpatient appointment and will inform the relevant health centre. Health centre staff must contact the treating hospital and provide a daily update to the AHNM.

3.3.1 Transfers from Outlying Hospitals to Prince of Wales Hospital (POWH), Sydney

If an extended hospitalisation is required for an adult patient, it is preferable that once a patient is stable and suitable for transport, arrangements must be made to have the patient transferred to the POWH Secure Unit. A transfer to POWH requires medical handover and acceptance by a treating medical POWH team. Once a patient has been medically accepted for admission the patient must also have a bed available. The local treating hospital team, or a JH&FMHN staff member, must not arrange transfer of a patient to POWH, or allow CSNSW / the private operators / JJNSW to do the same without confirmation from the POWH Patient Flow Manager that a bed is available. The POWH Patient Flow Manager can be contacted via switchboard on (02) 9382 2222.

It is the responsibility of the local treating hospital team to liaise with the POWH team to accept the patient. It is then the responsibility of the accepting POWH team to liaise with the POWH Patient Flow Manager to ensure a bed is available. Neither JH&FMHN staff nor CSNSW can arrange direct an admission to POWH.

When patients are transferred to the POWH Secure Unit or are admitted to another unit or ward in POWH, the NUM or MSU delegate must liaise with POWH to provide a handover of care of the patient in the likely event the patient will be discharged to the MSU. If and when the patient is discharged to the MSU, the patient's health record must be forwarded from the original health centre to MSU. The NUM or delegate of the MSU will then assume responsibility for the daily updates for the patient whilst in hospital.

Arrangement for inter-hospital transport is made by the local treating hospital team in consultation with JH&FMHN and CSNSW / JJNSW / the private operators. The respective hospitals must be made aware of this by the responsible Network NUM. The mode of transport must be based on the patient's clinical condition.

Adolescent patients remain at the LHD hospital until they are well enough to be managed in the ambulatory clinical setting of the Juvenile Justice centres.

3.3.2 Discharge Planning

The LHD treating team must communicate with the NUM or delegate of the health centre completing the daily updates to discuss appropriate discharge planning based on the clinical condition of the patient. If this occurs after hours, the AHNM is the point of contact.

Placement options are:

- Returning the patient to the correctional centre of residence
- Transfer to the MSU of the Long Bay Hospital (LBH) if accepted by MSU Medical Officer, Remote On Call Medical Services (ROAMS) or Deputy / Clinical Director Primary Care (CDPC).

If the LHD requests a patient be transferred to a tertiary hospital, the treating team must liaise directly with the appropriate treating team to seek acceptance.

3.3.3 Procedure Following Discharge from Hospital and Follow-up

All patients discharged from hospital must be reviewed by a registered nurse within 24 hours after arrival back to the correctional / Juvenile Justice centre. The patient should be reviewed according to clinical

indications; this may be at the next available clinic or require consultation with the ROAMS GP service. Follow-up of procedures performed in public hospitals must be arranged by JH&FMHN staff. Where the hospital discharge plan or medical officer clinical review indicates that outpatient follow up is required, this must be arranged by placing a referral on PAS and sending a signed copy of the referral to MAU to arrange the follow-up appointment.

3.3.4 Return via the MSU at Long Bay Hospital

MSU receives adult patients from the public hospital system who require more hours of nursing and medical care than is available in their centre of classification. Acutely ill patients must not be transferred to MSU (see section [3.1 Hospital Transfers](#)).

Transfer to MSU must be by arrangement with the MSU Medical Officer or CDPC and the NUM of MSU in accordance with JH&FMHN policy [1.034 Admission and Assessment – Medical Subacute Long Bay Hospital](#).

No acute admissions are transferred to the Aged Care Rehabilitation Unit (ACRU).

When the patient is ready for transfer from LBH to a correctional centre, hospital staff must provide handover with the local health centre staff to ensure continuity of care is maintained. Processes should be followed in accordance with policy [1.142 Discharge Planning - Medical Subacute and Aged Care Rehab Unit, LBH](#).

3.4 Deaths in External Hospitals

Refer to JH&FMHN policy [1.120 Management of a Death](#).

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

NSW MoH Policy Directives [PD2017 018 Health Services Act 1997 - Scale of Fees for Hospital and Other Health Services](#)

[PD2012 011 Waiting time & Elective Surgery policy](#)

JH&FMHN Policies and Forms [1.034 Admission and Assessment – Medical Subacute Long Bay Hospital](#)

[1.120 Management of a Death](#)

[1.142 Discharge Planning - Medical Subacute and Aged Care Rehab Unit, LBH](#)

[1.253 Access to Private Health Services](#)

[1.262 Medical & Nursing Certificates \(Adults\)](#)

[1.264 Medical Appointments \(External & Internal\) - Referrals, Bookings and](#)

Cancellations

[2.125](#) *Clinical Applications Access and Security*

[3.110](#) *Leave to Attend Education & Training Activities*

[CNS514](#) *Information for Hospital Staff: Healthcare for People in Custody*

[JUS050.115](#) *Daily Update – Patient in Hospital*

JUS200.060 *Adolescent Health Attendance at External Appointments*

JUS060.009 *Emergency Response Form*

[JUS200.085](#) *Request for Unplanned Transfer for Healthcare*